

SUBJECT: Medical Standards and Their Effectiveness

of all applicants in addition to a complete comprehensive physical examination and we also perform psychological testing on request on most professional applicants. Our evaluations incorporate the knowledge that travel, overseas residence, long hours, periods of stress, high responsibility, and long-term investment are factors in the Agency's business. We tend to call the shots close. The low level of reclamor in regard these dispositions supports the actions as being appropriate.

We are a little less certain about the adequacy of our standards as applied to CT applicants. The importance of the category perhaps promotes such feeling. It remains our impression that we see a lesser percentage of unusually gifted applicants than we did ten or so years ago. The quality of the applicants remains high but the nature of the mix, if our observations are valid, may have permitted some trend to less exacting requirements. The question is, "Are our medical standards tough enough for CT applicants?"

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In our opinion, the answer is, "Yes, under present circumstances."

IV

It seems reasonable to ask the question, "Are our medical standards for pre-employment and initial appointment too tough?" We are inclined to think this may be possible. There are positions in the Agency, particularly in the DD/I, sufficiently sedentary to accommodate the handicapped. We do approve some such cases for employment at this time. It seems possible that this practice might be extended.

Proposal 1:

It is proposed that careful consideration be given to employing more of the handicapped as compatible with a security environment.

V

The second part of the basic question is, "Are our medical standards adequate (tough enough) in regard our employees?"

In general, we think, "Yes." The point is worthy of repetition that examinations of people on duty are directed more to remedy than exclusion. This is the preferable alternative. To further this concept, the scope of periodic examinations has been increased, diagnostic procedures strengthened, and more complex evaluative mechanisms have been established. The consequence has been a conservation of manpower and a maintenance of mobility.

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I

It might be well to emphasize that medical standards are something other than a set of rules based on precise formulae of medicine or a set of reference tables which, when applied, specifically measure the human equation. Rather, medical standards are guides, subject to change as knowledge and data accumulate and applicable only as the best interests of an organization are served, including the welfare of the individual. As a consequence, medical standards have a dynamic quality expressed by professional interest in the uniqueness of the individual and the probabilities of success or failure in a proposed organizational relationship.

Some human measurements lend themselves more readily to quantification than others. Among these are height, weight, visual acuity, and certain laboratory determinations. Other measurements are less exact, and even difficult to define, such as attributes of vitality and endurance. It is the sum total of all measurements that provides the complex for clinical judgment. Common sense dictates that most of mankind is employable and little is served by going through elaborate evaluation gymnastics with healthy people. Medical standards thus become a search for disease or illness, providing advisory opinion as to employability of uncovered difficulties. The toughness of a standard depends on how close such a shot can be called.

II

It follows then that the toughness of medical standards must differ considerably when evaluating those already employed as compared to evaluations of applicants. In the former instance, motivation is high to protect the investment and to effect remedy while in the latter it seems wiser to exclude an avoidable accumulation of new pathology. Organizations, in general, manifest this dichotomy of attitude and ours is no exception. The question, "Are our medical standards adequate (tough enough)?" is best considered, therefore, in two parts.

III

The first part of the question is, "Are our medical standards adequate (tough enough) as applied to pre-employment and initial appointment evaluations?"

Our general answer to this question is, "Yes."

If comparison with procedures of other Government organizations is a criterion, we are a lot tougher. We require routine psychiatric screening

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Unfortunately, the wear and tear of living are not always amenable to remedy. There is no doubt that the number of cases with medical limitations continues to increase. These limitations generate increased placement activity and the taking of greater, albeit well calculated risks. At times, these mechanisms fail and fitness for duty and disability retirement procedures are necessary. On other occasions, we lose people, some anticipated, others not.

This business of evaluating people on duty has become as important as initial selection. It promises to be a never ending business that will need continuing attention in the future. Current capabilities seem to be appropriate to current needs and are subject to readjustments as necessary.

VI

Not every case referred to the Medical Office is grist for medical procedures. There is a category of individuals whose behavior is best described as maladaptive and who may be referred to the Medical Office for fitness for duty evaluation. Such individuals are found not to be ill, are not candidates for treatment, and not subject to the usual medical dispositions. And yet, something is manifestly wrong with such individuals as they persist in their maladaptive patterns, seemingly refractory to discipline and education.

While the management of such cases is not immediately amenable to supervisory or medical practices, it is possible that appropriate disposition may be effected through a combined approach. Attached is a more detailed consideration of some possible aspects of combined handling.

Proposal 2:

It is proposed that the Director of Medical Services form a planning group with representatives from each of the Directorates and from the Offices of Personnel, Security, and General Counsel to consider the mechanisms of a combined system as outlined in the attachment and to submit a recommendation to the Executive Director-Comptroller within a 6-month period as to findings.

VII

It may be possible from the foregoing paragraphs to gain the impression that considerable care and consideration are utilized in arriving at medical dispositions. While Medical Office professionalism may be credited with

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this mode to a certain extent, a major factor is the attitude of the Agency. The Agency's respect for medicine extends to medical processing and medical findings. The amount of total Agency energy that may be invested in a controversial case prior to disposition is an index of the degree of acceptance of the final disposition.

"Is sufficient attention paid to medical recommendations?" In our opinion, the answer is, "Yes." Attention is sufficient to hone our evaluations and to weight recommendation processes.

At times, the respect for medical dispositions has had an adverse effect. Occasional attempts are made to avoid the medical evaluation system especially when it is anticipated or feared that medical findings may interfere with a cherished ambition. In other instances, the presumed threat of interference deters some from using our facilities for consultative purposes. As we are able to convince that the threat is more illusory than real, so we may continue to improve this area of relationship.

Actually, we do a great deal of informal business. Our dispensary and health rooms are available to all employees and are well utilized. The staff deals daily with employee and supervisor problems and provides advice and guidance on a host of conditions and situations. The degree of acceptance of our suggestions varies a great deal. This does not seem to be inappropriate. Many employees have their own physicians whose opinions they value. And, in any event, the effectiveness of medical opinion tends to wane with resumption of more normal situations.

This broad access to the Medical Office, ranging through formal to informal mechanisms, might profit by an additional approach. At present, there is no uniform way for an employee to be referred to us except through evaluation procedures. As a consequence, when advice is sought, it must be obtained through informal mechanisms or through evaluative devices designed for other purposes, such as fitness for duty. In our opinion, the use of informal mechanisms should be encouraged but opportunity provided for official consultation.

Proposal 3:

It is proposed that the Director of Medical Services establish an official consultative mechanism, separate from the evaluation system, whereby, on written request and with mutual consent, employee problems may be considered and advice may be provided in written fashion.

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VIII

As mentioned previously, the subject of medical standards and their effectiveness is a dynamic field. The foregoing opinions and proposals represent current staff thinking. We would welcome the opportunity to discuss these views and to obtain the suggestions of management.

Attachment

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A PROPOSAL FOR THE COMBINED ADMINISTRATIVE AND
MEDICAL HANDLING OF CERTAIN PROBLEM CASES

1. Background

a. The following proposal addresses itself to the problem posed by certain employees whose adjustment to the requirements of Agency service is unsatisfactory by reason of continuing behavior maladaptive to Agency employment, rather than by symptoms of illness in the usual sense, which would render them disabled. While the problem behavior of such individuals leads to unsatisfactory work production, or is otherwise disruptive to the organization, it frequently falls short of work failure or other actions of such degree at any given point in time as clearly to justify termination of employment on purely medical, disciplinary, security, or other administrative grounds.

b. The administrative position in such cases is frequently further complicated by the fact that such employees may well complain of mild, transient physical or nervous symptoms. These symptoms typically appear under mild environmental stress, and disappear when the immediate stress is relieved. Nevertheless, in the face of such complaints, the supervisor is disadvantaged in dealing with the situation without benefit of medical advice. Such cases are commonly referred to OMS for examination for fitness for duty.

c. Upon examination of these employees, the usual medical experience is that no evidence of physical or mental disability can be demonstrated. They usually deny illness or disability, or any personal contribution to their own difficulties. While OMS recognizes the maladjustment to Agency service, it is hardly defensible to regard these employees as disabled or unfit by reason of illness. On the other hand, to report them as fit for duty, with the implication that there is no medical problem, does not do justice to the real situation, and is not of much help to the supervisors in dealing definitively with such a problem employee. It is obvious to all concerned that something is awry with the employee, which shows itself in disruptive behavior patterns.

d. What these employees do show upon medical and psychiatric examination are underlying personality characteristics of varying nature and degree, which, while not causing symptoms significant of illness or disability, do significantly impair the individual's adaptability to mature responsibilities, to the requirements of other people, and to a wide variety of environmental stresses otherwise. These personality traits may be clearly identifiable on the basis of an accurate history of behavior, together with the psychiatric examination. They may be clearly distinguishable from other medical conditions constituting illness and disability, with the symptoms thereof. These deep-seated, underlying personality traits,

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together with a demonstrated lack of motivation to change, as a practical matter cannot be expected to change significantly through psychiatric treatment or other rehabilitative measures. For want of a better term, these employees might be described as "unsuitable" for continued Agency employment.

2. Unsuitability

a. The Agency has recognized for some years the existence of cases of employees who are unsuitable for Agency employment rather than medically disabled. Attempts to deal with such cases have been reflected in the formation of the Personnel Evaluation Board, and the previous Agency Disposition Board. By way of considering more effective measures for handling these types of cases, a recent review has been made of procedures for the handling of cases of unsuitability in the military.

b. The military service has recognized this kind of problem, and has devised means of dealing with it, so that the welfare of the unit is protected, as well as the humane and legal rights of the individual. In the military service, such individuals are regarded not as fit, or unfit, or disabled for service, but as unsuitable because of deep-seated personality traits, manifesting themselves in behavior which is maladaptive to military service. Such an individual is referred by his command for medical and psychiatric examination. Where it appears to the medical examiners that he is unsuitable for service by reason of his personality defects, rather than illness, he is referred back to the command with such finding for administrative disposition. This administrative disposition is usually discharge from the service. Where the individual rebuts the medical opinions, and the contemplated administrative disposition, his case is referred to an impartial administrative board, before which he may appear in person, with benefit of legal counsel, for a full and fair hearing, with the right of appeal, and with subsequent review of the board's proceedings by higher administrative authorities. Final decision is made and action taken by the secretary of the military department involved.

c. The professional staff of the OMB recognizes the existence of cases of unsuitability within the Agency. Following careful staff study of the problems involved, the staff is in agreement on the following essential points:

(1) Cases of unsuitability are identifiable within the Agency through administrative-medical collaboration.

(2) The referral of cases of persistent maladjustment to OMB for medical examination is an administrative responsibility.

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- (3) The referral has to be made in an open and fully demonstrated way.
- (4) The determination of unsuitability is an administrative-command prerogative and responsibility, based upon a variety of evidence, including OMS findings.
- (5) The legal and humane rights of the individual must be assured of protection in the process.
- (6) Relevant medical examinations may properly be conducted and opinions rendered in response to proper and valid administrative requests therefor.
- (7) The basic concepts and safeguards of the military system of handling such cases could be adapted to requirements of the Agency, particularly the features of full and fair hearings before impartial administrative boards, with the right of appeal.
- (8) Such a mechanism within the Agency would not preclude the use of any existing administrative or medical procedures but would be in addition to them.
- (9) Such procedures would provide an effective means of dealing with certain troublesome cases which, as a matter of actual experience, do not currently come to timely and satisfactory resolution.
- (10) In order that the system be effective, and not be misused through misunderstanding, administrative-medical collaborative staff work would be a necessary preliminary to formulating in complete and explicit detail exactly how it would be implemented.

3. The Proposal

a. The OMS proposes that the Agency adopt an administrative method of handling cases of maladaptive behavior which provides for administrative referral for OMS evaluation, with subsequent referral of those cases identified as unsuitable for full and fair hearing before an impartial administrative board.

b. This board would review all evidence from administrative and medical sources, hear testimony as indicated, and make a determination of Suitability or Unsuitability. The board would then forward its records of the case, together with its findings and determinations, through established channels, to the DCI for his action. The board would be so constituted and appointed as to ensure its impartiality and authority to

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make the indicated determination. The case files and the record of the board's proceedings might well be reviewed by the Agency's legal and personnel authorities for their approval of the legality of the proceedings, and for observance of personnel policies, prior to submission of the case to the DCI.

c. A mechanism would be provided to protect the individual's right to appeal the board's findings and determination. This mechanism might be provided by a board of appeals, before which the employee could appear, or by access to an authority higher than the original board. Where the right of appeal is exercised, the case is ultimately submitted to the DCI for action.

d. The original administrative referral for medical evaluation could properly be made through existing mechanisms for evaluation for fitness for duty. In those cases where OMS findings raise the question of unsuitability, OMS would so report in writing to the head of the employee's career service, to the administrative (suitability) board, and to such other authorities as may be determined to be proper. Further action on the case will then lie with the Agency's command authorities.

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